No. 2
4-13-40
-17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILLED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22065

Registration District No. 471 Primary Registration District No. 5634 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Monett — Pierce Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lawrence 55
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 925 — 5th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME George John Christain Wilhelm
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Mary Wilhelm
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 2 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	25	hr. min.

9. Birthplace Penn. (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Retired W.M.C.A. Sec.
11. Industry or business
FATHER
12. Name Fredrick Wilhelm.
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Susie Pallitt
15. Birthplace (City, town, or county) Penn. (State or foreign country)
16. (a) Informant Margaret C. Pfisterer
(b) Address 1002 Arlington Ave. Pittsburgh Penn.
17. (a) I.O.O.F. (Burial, cremation, or removal) (b) Date thereof June 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F.
18. (a) Signature of funeral director Blankenships
(b) Address Monett & Purdy
19. (a) July 6 1941 (Date received local registrar) (b) E B Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 20, 1941, to June 27, 1941; that I last saw him alive on June 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism Resulting in Apoplexy	8 day
Due to General poor health	8 no
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 422 (Specify type of place)
While at work? — (e) Means of injury —
23. Signature [signature] (M. D. ~~or other~~) O
Address Monett Mo Date signed 6/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1078
Date Filed JUL 11 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.